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Bib Data Sheet

CONFIRMATION NO. 9469

<b>SERIAL NUMBER</b> 09/936,871	<b>FILING DATE</b> 09/12/2001 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> SCH-12597	
<b>APPLICANTS</b> Uwe Hoffmann, Offen, GERMANY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP00/01988 03/08/2000 <i>OK dm</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 11 349.1 03/15/1999 <i>OK dm</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> <del>12</del> 5	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> 007609					
<b>TITLE</b> Cap aspirating system					
<b>FILING FEE RECEIVED</b> 860	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		